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Bib Data Sheet

CONFIRMATION NO. 5175

SERIAL NUMBER 10/633,971	FILING DATE 08/04/2003  RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. BBC-192
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/31/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>PS</i>	Initials		

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## TITLE

Methods for treating metabolic syndrome

FILING FEE  RECEIVED 964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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